Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009543

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Establishment: BOB HENDRICKS
T9N R6E SEC 35
LOT 44
10901 S 14 ST

Permittee: BOB HENDRICKS
RRT 1 BOX 96B
FIRTH NE 68358

Permit # 06380324601

Issued 09/11/06
Expires 09/11/07
Revenue Code 3157

FEES: $275.00

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number: 06380324601

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 10901 S 14th Street (no rural route) City Roca NE, Zip 68450

Legal Description NE (1/4) SE (1/4) 35 (Section) 9N (Township) 6E (Range) _____ (Subdivision) _____ (Addition) Lot 44 I.T. (Block) (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Bob Hendricks Signature Bob Hendricks

Address RR1 Box 96B City/State/Zip Firth, NE 68358

☐ Check if owner designed system Home Phone (402) 317-7030 Work Phone (402) 540-7244

C. Contractor

Name Michael Casement Company Name Capitol City Trenching

Address 2141 W. Plum Street City/State/Zip Lincoln, NE 68522

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☒ Check and complete if engineer designed system

Designer Name Jeremy Williams, P.E. Firm Design Associates of Lincoln Work Phone 474-3000

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 150 Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☒ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 9/11/06 Date frwd 9/11/06 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9/11/6 Date frwd 9/11/6 **ACTION** ☒ Approved ☐ Disapproved Signature _____

12/1/06 Lagoon O.K. need fence D.J

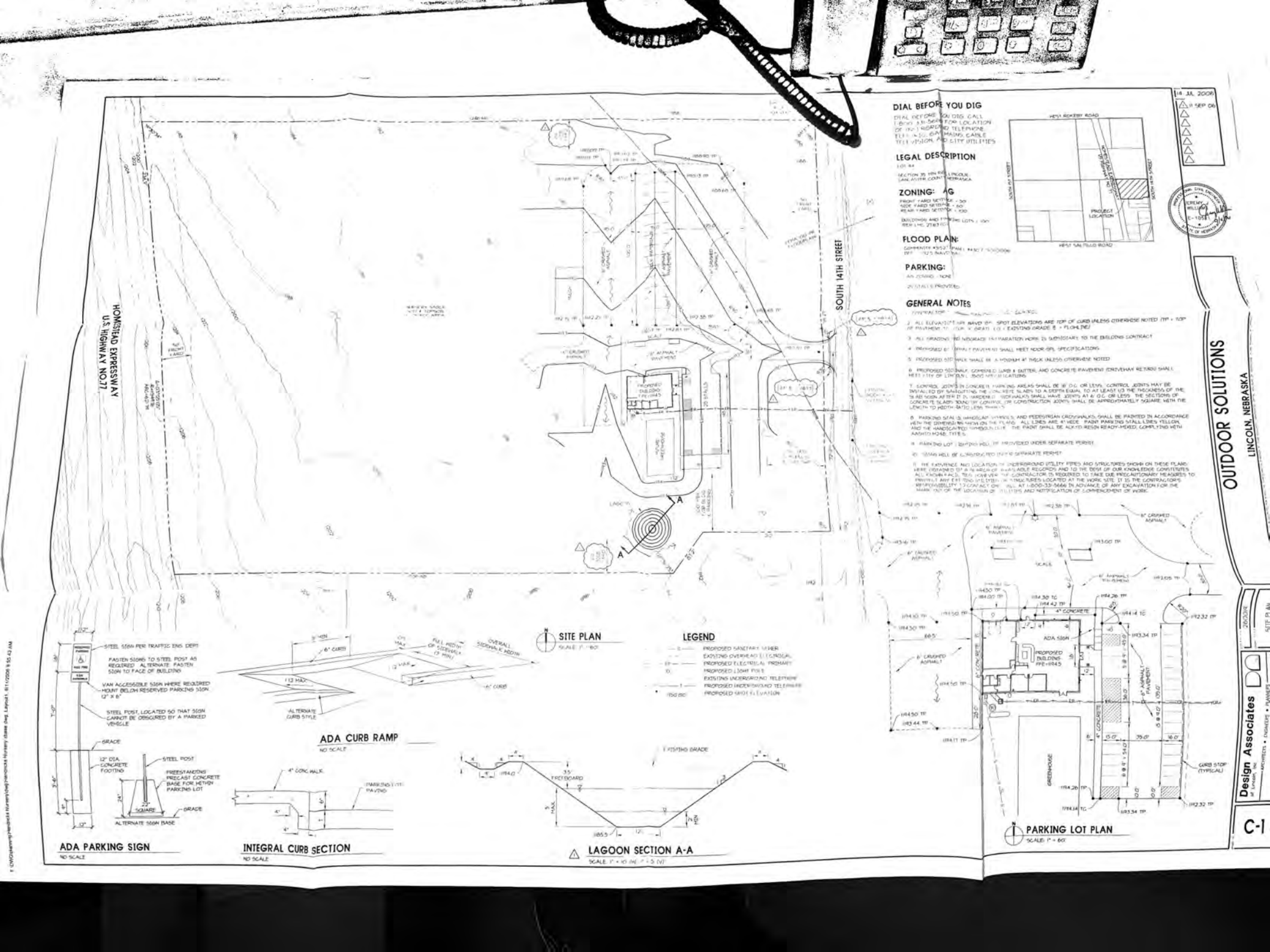
Installation Final Written Approval

By _____

Date 1/16/07

Business Office Use Only
Date Rec'd 9/11/06
Amt Paid 425.00
Rec'd By _____ Cash/Check No. N/A

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector


DIAL BEFORE YOU DIG
LEGAL DESCRIPTION
ZONING: AG
FLOOD PLAIN:
PARKING:
GENERAL NOTES
HOMESTEAD EXPRESSWAY
U.S. HIGHWAY NO.77
SOUTH 14TH STREET
HOLT ROKEBY ROAD
PROJECT LOCATION
SITE PLAN
LEGEND
ADA PARKING SIGN
ADA CURB RAMP
INTEGRAL CURB SECTION
LAGOON SECTION A-A
PARKING LOT PLAN
OUTDOOR SOLUTIONS
LINCOLN, NEBRASKA
Design Associates
C-1